



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

BETH LINDSTROM  
DIRECTOR, CONSUMER AFFAIRS  
AND BUSINESS REGULATION

JULIANNE M. BOWLER  
COMMISSIONER OF INSURANCE

**APPLICATION FOR BANK INSURANCE PRODUCER LICENSE**  
**SUBSIDIARY OR AFFILIATE**

To the Commissioner of Insurance:

Please Print or Type

APPLICATION IS HEREBY MADE FOR BANK INSURANCE PRODUCER LICENSE FOR:

1. Name of Applicant: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_  
FDIC # of Bank \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
Street City State Zip
3. Affiliated Bank: ☐ Federal Bank ☐ Lender ☐ Federal Credit Union  
☐ Massachusetts Branch, Out of State Bank  
☐ Massachusetts Chartered Bank ☐ Massachusetts Chartered Credit Union  
☐ Bank located wholly outside Massachusetts ☐ Other (Please describe)
4. Lines of Insurance Applicant will write: ☐ Accident & Health or Sickness ☐ Property ☐ Casualty ☐ Life  
☐ Variable Life and Variable Annuities ☐ Personal Lines ☐ Credit (Limited Line)

BANK OFFICER RESPONSIBLE FOR INSURANCE OPERATIONS:  
(If more than one please attach additional sheet)

5. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
6. Title \_\_\_\_\_
7. Business Address: \_\_\_\_\_  
Street City State Zip
8. Tel. # ( ) \_\_\_\_\_
9. Please check the appropriate box:  
The applicant's plan of operation has been approved by the Division of Banks (approval attached) ☐ Yes ☐ No  
The applicant's plan of operation has been approved by the Division of Insurance. ☐ Yes ☐ No
10. Do you intend to solicit business on bank premises? ☐ Yes ☐ No
11. Do you intend to share commissions with the affiliated bank named on this application? ☐ Yes ☐ No
12. Please attach a written description or chart showing how the commissions paid by the insurer will flow to the applicant and, if applicable, to the affiliated bank named on this application.
13. Will you engage in the sale of insurance through the Internet? ☐ Yes ☐ No  
(If yes, please attach web site address and E-mail address)

14. Are you currently licensed or otherwise authorized to engage in the business of insurance in this or any other state or in any territory of the United States? ☐ Yes ☐ No  
(If yes, please indicate the states and territories in which you are authorized to engage in the business of insurance.)
15. Applicants must submit a certified copy of their articles of organization or similar certified document from their home state.
16. Non-resident applicants must submit a certificate of good standing or similar certified document from their home state regulatory or licensing agency.
17. Please enclose a check for \$75.00 made payable to the Commonwealth of Massachusetts, Division of Insurance.

**License will be effective for one year from the date of issue. Renewal applications are available at the Division of Insurance.**

18. Please list names and Social Security numbers of Officers or Directors with authority to solicit Insurance.

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I have read and I am familiar with the insurance laws of Massachusetts, in particular Chapter 129 of the Acts of 1998, 211 CMR 142.00 and 209 CMR 49.00, concerning the sale of insurance by banks. I intend to act and hold myself out and carry on business in good faith. I understand that I must comply with all applicable laws of the Commonwealth of Massachusetts. **At any time, if any of the above information changes, I will notify your office.** I hereby verify the foregoing answers and statements, and those made in supporting documents, including any Plan of Operation and waiver request filed with this Application, and declare that they were made under the penalties of perjury.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Officer Responsible for Insurance Operations

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer of Applicant Corporation (if applicable)